

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>lmj</i>		11-4-77
<b>O.I.P.E. CLASSIFIER</b>		48	11/2/00
<b>FORMALITY REVIEW</b>	<i>PA</i>	71621	11/3/00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numerals)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date		
Final	Original	04	5 1 3
1		12	10 10
2		13	10 10
3		14	10 10
4		15	10 10
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7		18	10 10
8	V	19	10 10
9		20	10 10
10		21	10 10
11		22	10 10
12	V	23	10 10
13	V	24	10 10
14	0	25	10 10
15	V	26	10 10
16	V	27	10 10
17	V	28	10 10
18	V	29	10 10
19	0	30	10 10
20	V	31	
21	V	32	
22	V	33	
23	V	34	
24	0	35	
25	0	36	
26	V	37	
27	V	38	
28	V	39	
29	0	40	
30	V	41	
31		42	
32		43	
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Claim	Date		
Final	Original	51	
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Claim	Date		
Final	Original	101	
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If more than 150 claims or 10 actions  
staple additional sheet here

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